

State File No. 20760

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1944

Registration District No. 170

Primary Registration District No. 5636

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town WASHINGTON JWP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
LEBANON STAR ROUTE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community ALWAYS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Laclede

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. LEBANON STAR ROUTE
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT RAY VANSTAVORN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JULY 12 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

5 4 _____ hr. _____ min.

9. Birthplace LEBANON MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name WALLACE O. VANSTAVORN

13. Birthplace COMPETITION MO
(City, town, or county) (State or foreign country)

14. Maiden name ESTER ROLLINS

15. Birthplace CANLAND MO
(City, town, or county) (State or foreign country)

16. (a) Informant Wallace O. Vanstavern

(b) Address Lebanon platd Star Route

17. (a) Burial (b) Date thereof 12-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mrs. Bride

18. (a) Signature of funeral director Palmer

(b) Address Lebanon Missouri

19. (a) 12-31-43 (b) Grace Popen
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1943 hour 10 minute 30 PM

21. I hereby certify that I attended the deceased from Dec 16 1943 to Dec 16 1943

that I last saw him alive on Dec 16 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: J. V. Hougho PHYSICIAN

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Grace Popen (M. D. or other) _____

Address Grace Springs, Mo. Date signed Dec 17

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received

Laclede County Health Unit

File No. 12-43-175

Date Filed 1-11-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Allyn DeLuage
Licensed Embalmer No. 4 233
P. O. Address Lobanow Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.